OIA		IAKID	- 1.1515(2) II	MINIMITAL 12	2-06-04		
Complete and send t	his form, together wit	h applicable fe	e(s), to: <u>Mai</u>	Commissioner : P.O. Box 1450			
	or <u>Fax</u>				Alexandria, Virginia 22313-1450 (703) 746-4000		
This for appropriate All further condicated unless corrected maintenance fee notification	below or directed otherwise	smitting the ISSU Patent, advance ord in Block 1, by (a)	E FEE and PUF lers and notifica specifying a ne	BLICATION FEE (if region of maintenance fees w correspondence address	uired). Blocks 1 through 5 sl will be mailed to the current ss; and/or (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for	
	TE ADDRESS (Note: Use Block 1 for	any change of address)		Fee(s) Transmittal 7	of mailing can only be used for his certificate cannot be used it nal paper, such as an assignmen	or any other accompanying	
David Hui	590 10/05/2004			have its own certifica	ate of mailing or transmission. ertificate of Mailing or Trans		
P. O. Box 55-846 Taipei, 104 TAIWAN				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
	0000015 10715290					(Depositor's name)	
01 FC:1504 02 FC:2501	300.00 OP 685.00 OP					(Signature) (Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/715,290	11/14/2003		David Hu	ıi		5232	
FITLE OF INVENTION: W	VIRELESS TIRE PRESSURI	E ALARMING SY	STEM AS DIRE	CTLY POWERED FROM	M CAR CIGARETTE-LIGHTE	R RECEPTACLE	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$685		\$300	\$985	01/05/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
ELLINGTON, ALANDRA 2855				073-146000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys							
Change of correspond Address form PTO/SB/1	dence address (or Change of 22) attached.	Correspondence	or agents OR, alternatively, (2) the name of a single firm (having as a member a 2				
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indica or more recent) attached. Use	ation form e of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the annronriate	e assignee category or catego	ries (will not be pri	nted on the nater	nt) · 🔲 Individual 🔲	Corporation or other private gro	oun entity	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
Issue Fee		A check in the amount of the fee(s) is enclosed.					
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			Deposit Accoun	t Number	(enclose an extra c	opy of this form).	
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.			ALL ENTITY status. See 37 C		
The Director of the USPTO NOTE: The Issue Fee and P Interest as shown by the rec	is requested to apply the Isst sublication Fee (if required) vords of the United States Pate	ie Fee and Publicat will not be accepted ent and Trademark	ion Fee (if any) of from anyone oth Office.		isly paid issue fee to the applicate gistered attorney or agent; or the	ition identified above. 1e assignee or other party in	
Authorized Signature			12/3/04				
Typed or printed name David Hui			Registration No.				
Alexandria, virginia 22313-	-1430.				y the public which is to file (an 2 minutes to complete, including comments on the amount of tight Trademark Office, U.S. Dep SS. SEND TO: Commissioner it displays a valid OMB control		